

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012794

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 177

STATE FILE NUMBER

FILED MAR 21 1963

VS 300 Rev. 4/59	DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

USE BLACK INK
OR
TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

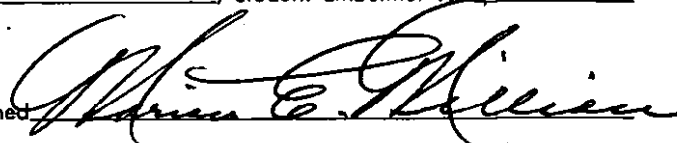
1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Huntsville		c. CITY OR TOWN Huntsville	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pl. View Rest Home		d. STREET ADDRESS Pl. View Rest Home	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Leta Middle Kipper Last Fowler		4. DATE OF DEATH Month 3 Day 15 Year 63	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10/11/89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 73
11. BIRTHPLACE (City and state or country) Monroe Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME T. H. Sebastian		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT D.R. Thornborrow Address El Paso, Tex.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis leukemia DUE TO (b) Branchial Pneumonia DUE TO (c) 6 days			INTERVAL BETWEEN ONSET AND DEATH 1 day 4 days 6 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Debilitated due to Arteriosclerosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:50 a.m. P Month, Day, Year 3-15-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Huntsville, Mo.		
21. I attended the deceased from 1957 to 3-15-63 and last saw her alive on 3-14-63 . Death occurred at 10:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE M. C. Exley D.D. (Degree or title)	
22b. ADDRESS Huntsville, Mo.		22c. DATE SIGNED 3-18-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/17/63	23c. NAME OF CEMETERY OR CREMATORY Holliday City Cem.	23d. LOCATION (City, town, or county) Holliday, Mo.
24. FUNERAL DIRECTOR Million & Greer	ADDRESS Moberly, Mo.	25. DATE RECD. BY LOCAL REG. 3-19-63	26. REGISTRAR'S SIGNATURE Adonna Patterson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3957

P. O. Address Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.